

**Fill in this information to identify your case:**

Debtor 1 **Tramaine D. Campbell**  
 First Name Middle Name Last Name

Debtor 2 **Denae S. Campbell**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **17-70046**  
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Account Resolution Services</b> Nonpriority Creditor's Name <b>P.O. Box 189018</b> <b>Plantation, FL 33318</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>any and all accounts</b> <b>\$101.00</b> <b>any and all dates</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection on Past Due Account</b>

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

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4.2	<b>Account Resolution Services</b> Nonpriority Creditor's Name <b>P.O. Box 189018</b> <b>Plantation, FL 33318</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>any and all accounts</u> <b>\$25.00</b> <b>When was the debt incurred?</b> <u>any and all dates</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection on Past Due Account</u>
4.3	<b>Army &amp; Air Force Exchange Svc</b> Nonpriority Creditor's Name <b>ATTN: FA-T/R-CA</b> <b>P.O. Box 660056</b> <b>Dallas, TX 75266-0056</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7799</u> <b>\$1,640.07</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>
4.4	<b>Bayport Credit Union</b> Nonpriority Creditor's Name <b>3711 Huntington Avenue</b> <b>Newport News, VA 23607</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7447</u> <b>\$648.00</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

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4.5	<b>Bayport Credit Union</b> Nonpriority Creditor's Name <b>c/o C.U. Recovery, Inc.</b> <b>26263 Forest Blvd</b> <b>Wyoming, MN 55092-8033</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>9140</b></u> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>collections on past due debt</b></u>	<b>\$242.72</b>
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4.6	<b>Bayport Credit Union</b> Nonpriority Creditor's Name <b>3711 Huntington Avenue</b> <b>Newport News, VA 23607</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>any and all accounts</b></u> <b>When was the debt incurred?</b> <u><b>any and all dates</b></u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Installment Account</b></u>	<b>\$210.00</b>
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4.7	<b>Bon Secours Maryview Med CTR</b> Nonpriority Creditor's Name <b>3636 High Street</b> <b>Portsmouth, VA 23707</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>0242</b></u> <b>When was the debt incurred?</b> <u><b>06/09/2018</b></u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical Bill</b></u>	<b>\$40.00</b>
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Debtor 2 **Denae S. Campbell**

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4.8	<b>Caine &amp; Weiner</b> Nonpriority Creditor's Name <b>P.O. Box 5010</b> <b>Woodland Hills, CA 91365</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>any and all accounts</b> When was the debt incurred? <b>any and all dates</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>collections</b>	<b>\$204.00</b>
4.9	<b>Center for Vain Restoration</b> Nonpriority Creditor's Name <b>7474 Greenway Center Dr</b> <b>Suite 1000</b> <b>Greenbelt, MD 20770</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2268</b> When was the debt incurred? <b>05/22/2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$15.33</b>
4.10	<b>Children's Hospital of the King's Daughters</b> Nonpriority Creditor's Name <b>601 Children's Lane</b> <b>Norfolk, VA 23507</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>any and all accounts</b> When was the debt incurred? <b>any and all dates</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$3,328.16</b>

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

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4.1  
1

**Children's Specialty Group**

Nonpriority Creditor's Name

**P.O. box 11049**

**Norfolk, VA 23517-0049**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3891**

**\$107.80**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bill**

4.1  
2

**Children's Specialty Group**

Nonpriority Creditor's Name

**601 Children's Lane, 6th Floor**

**P.O. Box 11049**

**Norfolk, VA 23517-0049**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7052**

**\$62.00**

When was the debt incurred? **10/08/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

4.1  
3

**Credit Control Corp**

Nonpriority Creditor's Name

**11821 Rock Landing Drive**

**Newport News, VA 23606-4207**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **any and all accounts**

**\$181.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection on Past Due Account**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.1  
4

**Credit Control Corp**

Nonpriority Creditor's Name

**11821 Rock Landing Drive  
Newport News, VA 23606-4207**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accts** **\$64.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection on Past Due Account**

4.1  
5

**Credit Control Corp**

Nonpriority Creditor's Name

**11821 Rock Landing Drive  
Newport News, VA 23606-4207**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$368.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection on Past Due Account**

4.1  
6

**Credit One Bank**

Nonpriority Creditor's Name

**P.O. Box 98873  
Las Vegas, NV 89193-8873**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$1.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Notification Only**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

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4.1  
7

**CSG Anesthesia**

Nonpriority Creditor's Name

**c/o Credit Control Corporation  
11821 Rock Landing Drive  
Newport News, VA 23606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3359**

**\$107.80**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical bill-in collections**

4.1  
8

**Directv quad**

Nonpriority Creditor's Name

**c/o The CBE Group  
P.O. Box 126  
Waterloo, IA 50704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1607**

**\$633.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **cable**

4.1  
9

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730  
Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5058**

**\$4,634.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Tolls**

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Debtor 2 **Denae S. Campbell**

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4.2  
0

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6971**

**\$2,149.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
1

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8297**

**\$112.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
2

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9678**

**\$38.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**



Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

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4.2  
3

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8353**

**\$56.25**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
4

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6638**

**\$3,946.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
5

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0903**

**\$3,259.75**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.2  
6

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6431**

**\$240.25**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
7

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7979**

**\$132.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.2  
8

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4167**

**\$30.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.2  
9

**Elizabeth River Tunnels**

Last 4 digits of account number **2816**

**\$54.50**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.3  
0

**Elizabeth River Tunnels**

Last 4 digits of account number **4385**

**\$87.75**

Nonpriority Creditor's Name

**P.O. Box 730**

**Portsmouth, VA 23705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Tolls**

4.3  
1

**Emergency Coverage Corp**

Last 4 digits of account number **8064**

**\$44.55**

Nonpriority Creditor's Name

**P.O. Box 636019**

**Cincinnati, OH 45263-6019**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.3  
2

**Emergency Physicians of Tidewa**

Nonpriority Creditor's Name

**P.O. Box 603325  
Charlotte, NC 28260-3325**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **6162**

**\$29.67**

**When was the debt incurred?** **10/29/2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.3  
3

**Equidata**

Nonpriority Creditor's Name

**724 Thimble Shoals Boulevard  
Newport News, VA 23606**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$30.00**

**When was the debt incurred?** **and all dates**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection on Past Due Account**

4.3  
4

**Equidata**

Nonpriority Creditor's Name

**724 Thimble Shoals Boulevard  
Newport News, VA 23606**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$25.00**

**When was the debt incurred?** **any and all dates**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection on Past Due Account**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.3  
5

**Federal Loan Servicing**

Nonpriority Creditor's Name

**P.O. Box 2461  
Harrisburg, PA 17105**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **any and all accounts** **\$16,009.00**

When was the debt incurred? **any and all dates**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

**Student Loan**

4.3  
6

**Federal Loan Servicing**

Nonpriority Creditor's Name

**P.O. Box 2461  
Harrisburg, PA 17105**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **any and all accounts** **\$1,125.00**

When was the debt incurred? **any and all dates**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

**Student Loan**

4.3  
7

**Federal Loan Servicing**

Nonpriority Creditor's Name

**P.O. Box 2461  
Harrisburg, PA 17105**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **any and all accounts** **\$1,500.00**

When was the debt incurred? **any and all dates**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

**Student Loan**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.3  
8

**First Virginia**

Nonpriority Creditor's Name  
**c/o Plaza Services**  
**110 Hammond Dr**  
**Atlanta, GA 30328**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$1,037.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collections on a past due debt**

4.3  
9

**Gastrointestinal & Liver Speci**

Nonpriority Creditor's Name  
**T. Braxton McKee, Reg. Agent**  
**150 W. Main St, Suite 2100**  
**Norfolk, VA 23510-1609**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3755** **\$179.00**

When was the debt incurred? **10/16/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

4.4  
0

**Grand Furniture**

Nonpriority Creditor's Name  
**1305 Baker Road**  
**Virginia Beach, VA 23455**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7803** **\$567.73**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **furniture**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.4 1	<b>Hampton Roads Radiology</b> Nonpriority Creditor's Name <b>P.O. Box 6610</b> <b>Newport News, VA 23606-0610</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0133</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b>	<b>\$127.00</b>
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4.4 2	<b>HRSD</b> Nonpriority Creditor's Name <b>c/o Transworld Systems</b> <b>5626 Frantz Road</b> <b>Dublin, OH 43017</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>any and all accounts</b> When was the debt incurred? <b>any and all dates</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>utilities in collections</b>	<b>\$148.00</b>
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4.4 3	<b>Kingsley Lane Clinical Lab Ass</b> Nonpriority Creditor's Name <b>P.O. Box 75662</b> <b>Baltimore, MD 21275-5662</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5918</b> When was the debt incurred? <b>7/16/2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$125.66</b>
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Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.4  
4

**Kline Realty**

Nonpriority Creditor's Name  
**5680 Churchland Blvd  
Portsmouth, VA 23703**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$1,976.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **rent owed**

4.4  
5

**LCA Collections**

Nonpriority Creditor's Name  
**P.O. Box 2240  
Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8557** **\$187.42**

When was the debt incurred? **2/23/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.4  
6

**Lendmark Financial**

Nonpriority Creditor's Name  
**2118 Usher St NW  
Covington, GA 30014-2434**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9789** **\$5,785.01**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**



Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.4  
7

**Lendmark Financial**

Nonpriority Creditor's Name  
**4645 Villiage Square Rd  
Paducah, KY 42001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accts** **\$4,719.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

4.4  
8

**Lifetime Womens Health Well**

Nonpriority Creditor's Name  
**c/o Credit Control Corp  
11821 Rock Landing Drive  
Newport News, VA 23606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2517** **\$248.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical collections**

4.4  
9

**Linebarger Goggan Blair & Samp**

Nonpriority Creditor's Name  
**4828 Loop Central Dr, Ste 600  
Houston, TX 77081**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3929** **\$2,193.57**

When was the debt incurred? **10/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Tolls**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.5  
0

**Maryview Medical Center**

Nonpriority Creditor's Name

**P.O. Box 277199**

**Atlanta, GA 30384-7199**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0062**

**\$336.11**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical bill**

4.5  
1

**Midland Funding**

Nonpriority Creditor's Name

**P.O. Box 2121**

**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accts**

**\$1.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Notification Only**

4.5  
2

**Military Star**

Nonpriority Creditor's Name

**P.O. Box 650410**

**Dallas, TX 75265-0410**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$1,492.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **credit card**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.5  
3

**Navy Federal Credit Union**

Nonpriority Creditor's Name

**1 Security Place  
Merrifield, VA 22119-0001**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **0302**

**\$1,101.94**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **credit card**

4.5  
4

**Navy Federal Credit Union**

Nonpriority Creditor's Name

**1 Security Place  
Merrifield, VA 22119-0001**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$986.00**

**When was the debt incurred?** **any and all dates**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Charged-Off Account**

4.5  
5

**Neurology Associates of Suffol**

Nonpriority Creditor's Name

**150 Burnetts Way Ste 320  
Suffolk, VA 23434-8168**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7248**

**\$121.23**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical bill**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.5  
6

**Progressive Advanced Insurance**

Nonpriority Creditor's Name

**c/o Caine & Weiner**  
**4101 McEwen Road**  
**Dallas, TX 75244**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8486**

**\$203.92**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **auto insurance-2012 nissan**

4.5  
7

**Receivable Management**

Nonpriority Creditor's Name

**107 West Randol Mill Road**  
**Suite 100**  
**Arlington, TX 76011**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$88.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **collections**

4.5  
8

**Receivable Management**

Nonpriority Creditor's Name

**107 West Randol Mill Road**  
**Suite 100**  
**Arlington, TX 76011**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts**

**\$28.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **collections on a past due debt**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.5  
9

**Redial**

Nonpriority Creditor's Name  
**322 Lynn Shore Drive**  
**Virginia Beach, VA 23452**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$1,450.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **phone company**

4.6  
0

**Sentara**

Nonpriority Creditor's Name  
**PO BOX 2156**  
**Morrisville, NC 27560**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8158** **\$40.00**

When was the debt incurred? **06/07/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.6  
1

**St Lukes Emergency Care**

Nonpriority Creditor's Name  
**P.O. Box 864366**  
**Orlando, FL 32886-4366**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0082** **\$374.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.6  
2

**St. Vincent's Medical Center-S**

Nonpriority Creditor's Name

**P.O. Box 864920**

**Orlando, FL 32886-4920**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6731**

**\$826.65**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

4.6  
3

**Suffolk Complete Dental Care**

Nonpriority Creditor's Name

**6255 College Drive Ste. E**

**Suffolk, VA 23435**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4128**

**\$163.72**

When was the debt incurred? **06/16/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.6  
4

**Tidewater Eye Centers PC**

Nonpriority Creditor's Name

**c/o Credit Control Corp**

**P.O. Box 120570**

**Newport News, VA 23612**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7115**

**\$51.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical collections**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.6  
5

**Transworld Systems Inc.**

Nonpriority Creditor's Name

**5626 Frantz Road  
Dublin, OH 43017**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2949**

**\$69.97**

When was the debt incurred? **09/18/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utility Bill**

4.6  
6

**United Consumers, Inc.**

Nonpriority Creditor's Name

**P.O. Box 4466  
Woodbridge, VA 22194-4466**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6748**

**\$300.91**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.6  
7

**United Consumers, Inc.**

Nonpriority Creditor's Name

**P.O. Box 4466  
Woodbridge, VA 22194-4466**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1001**

**\$48.66**

When was the debt incurred? **06/09/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.6  
8

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$1,974.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**

4.6  
9

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$3,433.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**

4.7  
0

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$2,531.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**



Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.7  
1

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$4,861.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **student loans**

4.7  
2

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$414.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**

4.7  
3

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$6,284.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.7  
4

**US Debt of Education**

Nonpriority Creditor's Name

**2401 International  
POB 7859**

**Madison, WI 53704**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accounts** **\$2,581.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**student loans**

4.7  
5

**VA Dermatology & Skin Cancer**

Nonpriority Creditor's Name

**5630 Lowery Road  
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7060** **\$30.96**

When was the debt incurred? **8/22/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Medical Bill**

4.7  
6

**Verizon**

Nonpriority Creditor's Name

**P.O. Box 4003  
Acworth, GA 30101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0000** **\$17.72**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**phone/cable bill**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.7  
7

**Verizon Wireless**

Nonpriority Creditor's Name

**P.O. Box 26055  
Minneapolis, MN 55426**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **any and all accts** **\$1,609.00**

When was the debt incurred? **any and all dates**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **cell phone bill**

4.7  
8

**Virginia Pediatric Eye Center**

Nonpriority Creditor's Name

**880 Kempsville Road Ste 2500  
Norfolk, VA 23502-3990**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6010** **\$66.40**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical bill**

4.7  
9

**VOA**

Nonpriority Creditor's Name

**6350 Center Drive  
Ste 200  
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4004** **\$77.60**

When was the debt incurred? **06/04/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

4.8  
0

**Wells Fargo**

Nonpriority Creditor's Name

**P.O. Box 14517  
Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$360.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Overdrawn Bank Account**

4.8  
1

**Westview Financial Services**

Nonpriority Creditor's Name

**6526 Indian River Road  
Virginia Beach, VA 23464**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**any and all  
accounts**

**\$1,425.00**

When was the debt incurred?

**any and all dates**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan-Notice Only**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**American Profit Recovery  
34505 W 12 mile Rd Ste 333  
Farmington, MI 48331**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital Management Services  
726 Exchange Street  
Suite 700  
Buffalo, NY 14210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Control Corp  
11821 Rock Landing Drive  
Newport News, VA 23606-4207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Control, LLC**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.76** of (Check one):

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

**5757 Phantom Dr Ste 330**  
**Hazelwood, MO 63042**

Last 4 digits of account number

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**DriveERT**  
**700 Port Centre Parkway**  
**Suite 2B**  
**Portsmouth, VA 23704**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.49** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3929**

Name and Address  
**Eastern Account System I**  
**75 Glen Rd Ste 110**  
**Sandy Hook, CT 06482**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.41** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**First Point Collection Resourc**  
**P O Boz 26140**  
**Greensboro, NC 27402**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.39** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3755**

Name and Address  
**Jefferson Capital Systems**  
**16 Mcleland Rd**  
**Saint Cloud, MN 56303-2198**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.46** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Linebarger Goggan Blair & Samp**  
**4828 Loop Central Dr, Ste 600**  
**Houston, TX 77081**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.19** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Linebarger Goggan Blair & Samp**  
**4828 Loop Central Dr, Ste 600**  
**Houston, TX 77081**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.20** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Linebarger Goggan Blair & Samp**  
**4828 Loop Central Dr, Ste 600**  
**Houston, TX 77081**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portsmouth District Court**  
**P.O. Box 129**  
**Portsmouth, VA 23705**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**The CBE Group Inc. Former**  
**131 Tower Park Dripo Box 900**  
**Waterloo, IA 50704**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Transworld Systems**  
**500 Virginia Dr Ste 514**  
**Fort Washington, PA 19034**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Virginia Beach General Distric**  
**2425 Nimmo Pkwy**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.59** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

**Virginia Beach, VA 23456**

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>

  

Total claims from Part 2	6f. Student loans	6f.	\$ <b>35,851.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>56,274.28</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>92,125.28</b>

**Fill in this information to identify your case:**

Debtor 1 **Tramaine D. Campbell**  
First Name Middle Name Last Name

Debtor 2 **Denae S. Campbell**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number **17-70046**  
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Tramaine D. Campbell  
**Tramaine D. Campbell**  
Signature of Debtor 1

Date November 29, 2018

X /s/ Denae S. Campbell  
**Denae S. Campbell**  
Signature of Debtor 2

Date November 29, 2018

Fill in this information to identify your case:

Debtor 1 **Tramaine D. Campbell**  
First Name Middle Name Last Name

Debtor 2 **Denae S. Campbell**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **17-70046**  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Anderson Financial Services</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <b>2005 Dodge Durango 168000 miles</b>	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <b>Langley Federal Credit Union</b>	<input checked="" type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <b>2012 Nissan Altima 80,000 miles</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <b>Little Joe's Autos</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <b>2006 GMC Yukon Denali 147,000 miles</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	



Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

securing debt:

Creditor's name: **R & R Custom Wheels**

Description of property: **4 tires**  
securing debt:

- ☐ Surrender the property. ☐ No  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a **Reaffirmation Agreement.** ☒ Yes  
☐ Retain the property and [explain]:

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Tramaine D. Campbell  
**Tramaine D. Campbell**  
Signature of Debtor 1

Date November 29, 2018

X /s/ Denae S. Campbell  
**Denae S. Campbell**  
Signature of Debtor 2

Date November 29, 2018

Document Page 34 of 40  
**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **Tramaine D. Campbell**  
**Denae S. Campbell**

Debtor(s)

Case No. **17-70046**

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR - AMENDED**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>850.00</b>
Prior to the filing of this statement I have received .....	\$	<b>300.00</b>
Balance Due .....	\$	<b>550.00</b>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (*specify*)

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (*specify*)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Other provisions as needed:

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 29, 2018**

*Date*

**/s/ Neil K. Winchester, Esquire**

**Neil K. Winchester, Esquire 26364**

*Signature of Attorney*

**Harbour Law, P.L.C.**

*Name of Law Firm*

**500 East Main Street**

**Suite 1230**

**Norfolk, VA 23510**

**757.622.1621 Fax: 757.623.3250**

***For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223***

***(For all Cases Filed on or after 01/01/2018)***

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE**

**PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

**PROOF OF SERVICE**

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

*Date*

*Signature of Attorney*

Fill in this information to identify your case:

Debtor 1 Tramaine D. Campbell

Debtor 2 Denae S. Campbell  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 17-70046  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 5,576.72	\$ 396.74
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>5,576.72</b>	+ \$ <b>396.74</b> = \$ <b>5,973.46</b>
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **5,973.46**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **71,681.52**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **VA**

Fill in the number of people in your household. **5**

Fill in the median family income for your state and size of household. 13. \$ **104,913.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

<p><b>X /s/ Tramaine D. Campbell</b></p> <p><b>Tramaine D. Campbell</b></p> <p>Signature of Debtor 1</p> <p>Date <b>November 29, 2018</b></p> <p>MM / DD / YYYY</p> <p>If you checked line 14a, do NOT fill out or file Form 122A-2.</p> <p>If you checked line 14b, fill out Form 122A-2 and file it with this form.</p>	<p><b>X /s/ Denae S. Campbell</b></p> <p><b>Denae S. Campbell</b></p> <p>Signature of Debtor 2</p> <p>Date <b>November 29, 2018</b></p> <p>MM / DD / YYYY</p>
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Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **07/01/2016** to **12/31/2016**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Army National Guard Pay**

Income by Month:

6 Months Ago:	<u>07/2016</u>	<u>\$559.56</u>
5 Months Ago:	<u>08/2016</u>	<u>\$373.04</u>
4 Months Ago:	<u>09/2016</u>	<u>\$0.00</u>
3 Months Ago:	<u>10/2016</u>	<u>\$265.91</u>
2 Months Ago:	<u>11/2016</u>	<u>\$597.96</u>
Last Month:	<u>12/2016</u>	<u>\$298.98</u>
Average per month:		<u>\$349.24</u>

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Serco**

Income by Month:

6 Months Ago:	<u>07/2016</u>	<u>\$2,696.05</u>
5 Months Ago:	<u>08/2016</u>	<u>\$3,389.80</u>
4 Months Ago:	<u>09/2016</u>	<u>\$7,368.70</u>
3 Months Ago:	<u>10/2016</u>	<u>\$5,994.97</u>
2 Months Ago:	<u>11/2016</u>	<u>\$6,837.09</u>
Last Month:	<u>12/2016</u>	<u>\$5,078.28</u>
Average per month:		<u>\$5,227.48</u>

Debtor 1 **Tramaine D. Campbell**  
Debtor 2 **Denae S. Campbell**

Case number (if known) **17-70046**

### Current Monthly Income Details for the Debtor's Spouse

#### Spouse Income Details:

Income for the Period **07/01/2016** to **12/31/2016**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **CHKD**

Income by Month:

6 Months Ago:	<u>07/2016</u>	<u>\$0.00</u>
5 Months Ago:	<u>08/2016</u>	<u>\$0.00</u>
4 Months Ago:	<u>09/2016</u>	<u>\$0.00</u>
3 Months Ago:	<u>10/2016</u>	<u>\$0.00</u>
2 Months Ago:	<u>11/2016</u>	<u>\$453.69</u>
Last Month:	<u>12/2016</u>	<u>\$1,926.74</u>
Average per month:		<u>\$396.74</u>

United States Bankruptcy Court  
Eastern District of Virginia

In re **Tramaine D. Campbell**  
**Denae S. Campbell**

Debtor(s)

Case No. **17-70046**  
Chapter **7**

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [*Specify reason for amendment: \_\_\_\_\_*]  
*Check if applicable:* ☐ Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's office on \_\_\_\_\_.\**]
- ☐ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
- ☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
- ☐ Schedule A/B – Property
- ☐ Schedule C – The Property You Claim as Exempt
- ☐ Schedule D – Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
- ☐ Schedule E/F – Creditors Who Have Unsecured Claims (See LBR 1009-1)
- ☒ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)  
**(\$31.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☒ **Creditor(s) added** ☐ **Creditor(s) deleted**
- ☐ **Change in amounts owed or classification of debt**
- ☐ **No pre-petition creditors added/deleted, or amounts owed or classification of debt changed.** [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ **Post-petition creditors added (Schedule of Unpaid Debts)**
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G – Executory Contracts and Unexpired Leases
- ☐ Schedule H – Codebtors
- ☐ Schedule I – Your Income
- ☐ Schedule J – Your Expenses

[NOTE: The form “NOTICE TO CREDITOR(S) (RE AMENDMENT)” is still required when adding or deleting creditors. \*Amendment of debtor(s) Social Security Number requires that this cover sheet together with a completed Official Form 121 – Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk’s Office for “restricted” entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
- ☒ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
- ☒ Attorney’s Disclosure of Compensation
- ☒ Other: **Means Test**

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: \_\_\_\_\_.

Date: **December 10, 2018**

**/s/ Neil K. Winchester, Esquire**

**Neil K. Winchester, Esquire 26364**

Attorney for Debtor(s) [or *Pro Se* Debtor(s)]

State Bar No.: **26364 VA**

Mailing Address: **Harbour Law, P.L.C.**  
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